

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CAMPAIGN MONEY WATCH

(b) Address (number and street) ☐ check if different than previously reported

1320 19TH STREET NW SUITE M-1

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000160

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

(b) Communication Title Clout

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Gail Gomez

(b) Address (number and street)

c/o Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

Office Manager

9. Total Donations This Statement

560000.00

10. Total Disbursements/Obligations This Statement

384997.60

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 10/23/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	David Donnelly		
	(b) Address (number and street) c/o Campaign Money Watch 1320 19th Street NW, Suite M-1 1320 19th Street NW, Suite M-1		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Public Campaign Action Fund		Director, Campaign Money Watch project

A. Full Name of Donor

Communications Workers of America

Mailing Address of Donor

501 3rd Street NW

City

State

Zip

Washington

DC

20001

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Amount

30000.00

Transaction ID : F92.000001

B. Full Name of Donor

Jerome Kohlberg

Mailing Address of Donor

111 Radio Circle

City

State

Zip

Mt. Kisco

NY

10549

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Amount

130000.00

Transaction ID : F92.000002

C. Full Name of Donor

MoveOn.org

Mailing Address of Donor

PO Box 9218

City

State

Zip

Berkeley

CA

94709

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Amount

400000.00

Transaction ID : F92.000003

SUBTOTAL of Donations This Page (optional).....

560000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

560000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee MacWilliams Kirchner Sanders and Partners				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</div> </div>			
Mailing Address of Payee 1660 L Street NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">384997.60</div>			
City Washington		State DC		Zip Code 20036		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8</div> </div>	
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Production/placement of TV ad							
Name of Federal Candidate Mitch McConnell		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: KY District: _____		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px;">384997.60</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">384997.60</div>